

Student Info Survey
Guess Your Question

1. How many pets do you have in your family? _____
2. What time did you go to bed last night? _____
3. What is your street address number? (Do not include apartment number) _____
4. How many hours of sleep did you get last night?
(Round to the nearest $\frac{1}{2}$ hour?) _____
5. How many letters are in your first and last name? _____
6. How many books have you read total this school year? _____
7. What is your gender? Answer 1 = Male and 0 = Female _____
8. How many siblings do you have? (include half and step) _____
9. How many movies did you watch in the theater last month? _____
10. How many times did you buy your lunch at school last week? _____
11. What time did you wake up on last Saturday morning? _____
12. How many glasses of milk do you drink daily? _____
13. Do you wear glasses? Answer 1 for Yes and 0 for No. _____
14. What day of the month were you born on? _____
15. How many letters are in your first name? _____
16. What month were you born in?
(Answer as a number, January = 1 and December = 12) _____
17. What is your shoe size? _____
18. What are the last four digits of your home phone number?
(cell phone if do not have a home phone) _____